

# ***Work Order (Bid Form)***

AUDITOR: Anndra Jackson  
(901) 864-2903 anndraj@gmail.com

## **WORK ORDER INFORMATION**

**Work Order Name:** WO/90009MD2632  
**Work Order Type:** Weatherization  
**Audit Name:** 90009MD2632

## **CLIENT INFORMATION**

**Client Name:** **Address:**  
**Client ID:** 90009MD2632 ,  
**Alt. Client ID:**

## **AGENCY INFORMATION**

**Agency:** Metropolitan Development and Housing Agency **Agency Phone:** (615) 252-8500  
**Address:** 701 South Sixth Street **Fax:** (615) 252-8533  
Nashville, TN 37206 **Email Address:**  
**Agency Contact:** JACKSON, ANNDRA R **Work Phone:**  
**Cell Phone:** (901) 864-2903  
**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## **COMMENT**

Site Built 1950  
SQ FT 768  
Wood Exterior/Drywall Interior  
Auditor ANNDRA JACKSON  
Conducted 3/26/2012

## Measures

Measure 1 Infiltration Redctn				Components			Inspected		
<b>Comment</b>							<input type="checkbox"/>		
1) WD1-49X56-Reglaze, c/s ext. 2) wd2-32x56-reglaze, c/s ext 3) wd10-32x56--reglaze, c/s ext 4) wd3-32x56--reglaze, c/s ext and int. 5) Wd4-32x56--reglaze, c/s ext repair ext sill/apron approx 39" 6) wd5-32x56--reglaze, c/s ext 7) wd6-24x36-reglaze, c/s ext. 8) wd7,8--28x40-reglaze, c/s ext 9) WD9-32X56--reglaze, c/s ext and int at top and bottom.  10) DR1-32X80-FRONT DR-install d/s and w/s. 11) DR2-32X80-BACK DR-c/s ext. Install d/s and replace w/s. 12) seal baseboard at left of front door 13) Install plate cover in bath 14) Seal plumbing under sink in kitchen and around shwr in bath 15) Replace hatch cover for attic approx 15x24. Install eyes hooks to secure.									
#	Material / Labor	Description / Comment	Units	Estimated		Actual			
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		<input type="text"/>
<b>Field Notes:</b>									

**Measure 2 DWH Tank Insulation****Components****Inspected****Comment** 40 Elect DWH☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipm	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 3 DWH Pipe Insulation****Components****Inspected****Comment** Wrap first 5ft of water lines☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:**

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**Measure 4 Floor Ins. R-19****Components** F1**Inspected****Comment** 2x8x16

SQ FT 768

No floor insulation existing. Observed moisture in left corner of basement.

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	768	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	768	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 5 Wall Insulation****Components** WL1W,WL2S,WL3E,  
WL4N**Inspected****Comment** Wood ext/drywall int☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Wall Insulation - Cellulose, Blown - 2x4 Filled	SqFt	746.7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Wall Insulation - Cellulose, Blown - 2x4 Filled	SqFt	746.7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure 6 Smoke Detector is Needed****Components****Inspected****Comment** Install in living room☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:** **Sub Total:** **Field Notes:****Work Order Grand Total:** **Grand Total:** 

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